

## Linn County

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### Community Health Needs Assessment Snapshot

#### Promote Healthy Behaviors

##### Problems/Needs:

- On average, 37% of kindergarteners in Linn County are overweight or at risk of becoming overweight based on BMI, with some elementary schools having upwards of 57% of their current 2010 kindergarteners considered overweight or obese.
- Linn County has higher rates of youth drug initiation and marijuana use than the state. Approximately 30% of 11th graders who participated in the 2008 Iowa Youth Survey reported trying or using marijuana.
- It is estimated that 2 of 3 high school students who say they drink, binge drink.
- Smoking, which is the leading cause of preventable death and disability, appears to be decreasing from 17.7% to 13.8% in the adult population Linn County over the past few years.
- In 2009, it was documented that 871 Linn County residents sought treatment for chronic mental health conditions and 1,480 adult residents sought treatment for mental illness.

#### Prevent Injuries

##### Problems/Needs:

- The rate of child abuse in Linn County is 19.1 per 1,000 children, which is greater than the State rate of 17.9 per 1,000 children. The trend in the number of reported domestic violence victims in Linn County continues to rise. Although many incidences of domestic violence go unreported, in 2009 the Iowa Department of Public Safety reported 721 cases of domestic violence in Linn County.
- Elder abuse is still largely hidden under family secrecy and is grossly under-reported. Some experts estimate that only 1 out of 14 domestic elder abuse incidents (excluding the incidents of self-neglect) come to the attention of authorities. In Linn County alone there were a total of 109 unduplicated active Elder Abuse Initiative clients in 2010.

## Protect Against Environmental Hazards

### Problems/Needs:

- Design Values for Linn County shows that the PM2.5 (particulate matter less than 2.5 microns in size) levels have been generally increasing since 2006.
- Food borne illnesses and food safety were identified as problems on our perceptual survey completed by over 1400 Linn County residents.

## Prevent Epidemics and the Spread of Disease

### Problems/Needs:

- In 2009, approximately 136 per 100,000 Linn County residents were diagnosed with gonorrhea last year, compared to Iowa's average of only 55 per 100,000 people. Chlamydia follows similar trends, with 2009 data indicating that 366 per 100,000 Linn County residents were positive for Chlamydia as compared to Iowa's average of 314 per 100,000.
- Influenza was ranked high in our perceptual needs survey, likely due to the recent H1N1 event.

## Prepare for, Respond to, and Recover from Public Health Emergencies

### Problems/Needs:

- Ability to quickly recover from disasters. Highlighted in perceptual survey by residents due to the 2008 flooding in Linn County.
- Communication network strained during the 2008 flood.
- Many entities including: non-profit, governmental, business and faith based were strained under the increased need for resources during the 2008 flooding. For large scale disasters, Linn Counties surge capacity could be improved.

## Strengthen the Public Health Infrastructure

### Problems/Needs:

- In 2010, Linn County's unemployment rate reached 7.1% of the population, and approximately 10% of Linn County's residents were uninsured (not counting those who were considered underinsured).

## Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)

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Over the next 3 years, stabilize the prevalence of overweight and obese Linn County Residents through increased physical activity and nutrition strategies.	Service gaps and barriers to healthy decision making and access to wellness services will be identified in Linn County.	Healthy Living Coalition (HLC)	Summer 2011
	Develop a service coordination guide on current programs and services available in Linn County that address weight and diet related issues.	HLC	Winter 2011
	Increase community outreach and education within our community to encourage policy change associated with establishing a healthier environment and decreasing barriers to healthy decision making	HLC	2012
	Develop and promote a consistent, evidence-based health message within our community to promote individual healthy decision making to ultimately reduce our obesity rate.	HLC	2012
	By 2012, establish a Linn County Food Council to advocate for access to nutritious, locally grown food.	HLC	2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase the health of Linn County residents by decreasing the rate of binge drinking by 2% by 2013.	Determine the baseline rate of youth and young adult binge drinking	Partnership for a Drug-Free Community (PDFC)	Spring 2012
	Develop a collaborative network of prevention and/or treatment organizations, groups, and coalitions.	PDFC	Summer 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Over the next three years, decrease community availability and social acceptance of marijuana abuse through environmental change strategies	Reduce marijuana use by making it less accessible, desirable, and accepted.	PDFC	2013
	Advocate to prevent the legalization of medical marijuana.	PDFC	2013
	Work with media to increase social knowledge of the harmful effects of marijuana.	PDFC	2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease the STD rates, in particular gonorrhea and Chlamydia, by 5% through increased education, testing, and prevention services by 2014.	Determine school and local college policies on sexual health education, including the activities/curriculum they currently provide to students to ensure every student has the opportunity to receive sexual health education.	Sexual Health Alliance of Linn and Johnson Counties	December 2011
	Create a comprehensive list of community sexual health/family planning resources.	Sexual Health Alliance of Linn and Johnson Counties	Spring 2012
	Work with local organizations to create marketing campaign targeted toward (1) youth/young adults, (2) the LGBT community, and (3) parents.	Sexual Health Alliance of Linn and Johnson Counties	Summer 2012
	Establish a community fund to support those in need of STD testing, treatment, and prevention services for individuals who would not already be eligible for free or reduced cost STD services.	Sexual Health Alliance of Linn and Johnson Counties	Fall 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase access to health care services for Linn County residents who do not have adequate health insurance, decrease residents without health insurance from 10.7% to 10% by 2014	Establish one entry point for uninsured and underinsured patients into Linn County's healthcare system.	Healthy Linn Care Network (HLCN) Project Access, Medical Community	2012
	Develop and disseminate a roadmap for patient care that will list health care organizations, their services, and provide a written procedure for professionals to refer patients based on their need.	Healthy Linn Care Network (HLCN) Project Access, Medical Community	2013
	Increase communication and collaboration among healthcare organizations to aid in streamlining services to low income and populations in need.	Healthy Linn Care Network (HLCN) Project Access, Medical Community	2014

Goal	Strategies	Who is responsible?	When? (Timeline)
To stop and reverse the upward trend of PM2.5 ambient air concentrations in Linn County.	By December, 31 2014, local regulatory programs will be developed in alignment with the Iowa Department of Natural Resources Report to the Governor and General Assembly, "Implementing the PM2.5 Ambient Air Quality Standard in the State of Iowa."	Linn County Public Health Air Quality Branch	2014
	By June 30th, 2012, create a voluntary program that will engage community stakeholders to focus on reducing PM2.5	Linn County Public Health Air Quality Branch	Summer 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease the rate of Linn County children who are abused to no more than 15 per 1,000 children from the 2009 baseline of 19.1 per 1,000 children.	By June 30, 2011 100% of agencies and organizations that support the prevention of abuse will have been identified	Healthy Linn Care Network and Community partners	Summer 2011
Decrease the rate of domestic abuse in Linn County to no higher than the state rate of 224 per 100,000 from 278 per 100,000.	By September 30th, 2011 a local coalition will be formed with its first meeting to improve communications between the multiple agencies that address child, relationship and elder abuse	Healthy Linn Care Network and Community partners	Fall 2011
Increase the number of referrals to the Elder Abuse Initiative (EAI) Program from 314 per year to no less than 400 per year.	By January 30, 2012, subcommittees or workgroups of the newly formed coalition will be formed to address the separate issues of child, relationship and elder abuse	Healthy Linn Care Network and Community partners	Winter 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
1. Decrease the overall number of mental health committals for adults from the 2010 baseline of 789 to no higher than 750 in Linn County by December 31st, 2014. 2. Decrease the overall number of mental health committals for children from the 2010 baseline of 244 to no higher than 231 in Linn County by December 31st, 2014.	Explore funding options to support evidence-based strategies, including Medicaid reimbursement	Linn County Mental Health Services Planning Committee (MHSPC) and the Linn County Developmental Disability Services Coalition (DDSC).	2014